

## **ABSTRACT**

### **SOCIAL WORK**

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#### **A STUDY ON THE EFFECTS OF ANGER MANAGEMENT ON CHILDREN WHO ARE SEVERELY EMOTIONALLY BEHAVIORALLY DISTURBED**

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This thesis describes the effects of anger management on children who are severely emotionally behaviorally disturbed (SEBD). The anger management study was conducted with three African-American boys who were severely emotionally behaviorally disturbed. The study was conducted at South Metro Psychoeducational Center in Atlanta, Georgia, where the students attend school for special education services. The students were chosen by a multidisciplinary team. The intervention used in this study was Dr. Frank Rankle's workshop: "*What to do About Anger?*" The workshop included videos and worksheets to allow the students to view the proper way to handle anger and to be able to apply the coping skills on their own. It was hypothesized that SEBD students participating in the anger management group would decrease their aggressive behaviors and gain coping skills to handle their anger. The results of the study show that two out of the three students were responsive to the workshop and were able to gain coping skills to handle their anger and their aggressive behaviors.

A STUDY ON THE EFFECTS OF ANGER MANAGEMENT  
ON CHILDREN WHO ARE SEVERELY EMOTIONALLY  
BEHAVIORALLY DISTURBED

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## CHAPTER ONE

### INTRODUCTION

Anger is one of the most common emotions, yet it is one of the most difficult to understand and handle.<sup>1</sup> While it is normal for everyone to experience anger at one time or another, it is how one handles the anger that makes the difference. The socialization process, determining the outcome of how a child views and responds to the world, should begin at home, although more and more children are coming to school with less ability to handle anger.<sup>2</sup> Evidence of aggressive behavior is becoming more commonly seen in the educational system. It is estimated that 5.5 percent of children can be identified as having aggressive behavior or disorderly problems with in the school.<sup>3</sup>

One group of children, known as the Severely Emotionally Behaviorally Disturbed (SEBD), express anger inappropriately and do not follow a normal stage of development. The Georgia Department of Education characterizes these children as

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<sup>1</sup> Dr. Frank Rankle, *Student Workshops: What to Do About Anger*. (New York: Sunburst Communication, 1997) , 6 .

<sup>2</sup> William J. Kreidler, "When Anger Rear Its Ugly Head," *Instructor* (1996) : 24 .

<sup>3</sup> Ibid., 25 .

having an inability to learn, which cannot be adequately explained by intellectual, sensory, or health factors. They display a consistent or chronically inappropriate type of behavior; they display a pervasive mood of unhappiness or depression and have a tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems.<sup>4</sup>

Developmental stages do not correspond with SEBD children. Usually, the way in which children display their anger is an indicator of their age. Thus, a child's age and developmental stage are predictors of anger frequency. With SEBD children, however, some of them suffer from not having their needs met during infancy. According to Eric Erikson, "each stage poses a unique developmental task and simultaneously confronts individuals with a crisis that they must struggle through."<sup>5</sup> He further states that when "childcare is chaotic, unpredictable, and rejecting, children approach the world with fear and suspicion."<sup>6</sup>

The outer and inner forces such as rape, murder, neglect, sexual and physical abuse, gangs, and family relationships have a major impact on a child's social and emotional development.<sup>7</sup> Most of the children who have been labeled with SEBD have endured many such hardships in their lives. They had no choice but to be aggressive to

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<sup>4</sup> Georgia Department of Education Special Education Regulations and Procedures-IDDF, 1991, 9.

<sup>5</sup> James W. Vander Zanden, *Human Development*, 5<sup>th</sup> ed. (New York: McGraw-Hill, Inc. 1993) , 40 .

<sup>6</sup> Ibid., 41 .

<sup>7</sup> James P. Comer, M.D. and Alvin F. Poussiant M.D. *Raising Black Children: Two Leading Psychiatrist Confront The Educational, Social and Emotional Problems Facing Black Children* (New York: PLUME, 1992) , 6 .



protect themselves from further pain and hurt. Many of them are on psychotropic medications to cope with everyday living. They have an emotional imbalance and because of their inability to cope, they are not able to perform well in school. According to school records, many of these children are not working at their grade level in any subject. They do not know how to show their emotions and everything is expressed as anger.

If children do not learn how to handle their anger, their aggressive behaviors will increase and could lead to violence. Only when children develop new coping mechanisms for displaying their anger towards others, will they be able to understand how not to harm others. With violence being a problem that plagues our nation today, schools are attempting to help students control and express anger appropriately.

This thesis examines the effects of anger management skills on SEBD children. Using a group of three SEBD children from South Metro Psychoeducational Center in Atlanta, Georgia and using a behavioral management model whereby children get rewards when they exhibit good behavior, this Anger Management Study (AMS) will attempt to measure the impact of anger management intervention on these children.

### **Statement of the Problem**

Eisenberg et al. proposed that individuals who are low in regulation and high in emotional intensity would be expected to be especially prone to overt expressions of

anger and frustration such as aggressive behavior.<sup>8</sup> In various occurrences, children are confronted with situations that provoke anger, but they are given few effective socially acceptable effective outlets through which to channel their anger. All children are being forced to deal with challenges that are becoming more difficult each day. If these children are SEBD, they are less likely to use non-violent methods of coping which results in their being placed in special schools. A lack of understanding of why they are at a special school for their behavior and their inability to reasonably think through the causality of their behavior results in more angry and aggressive behavior.

SEBD children's behavior is often disruptive and they find it difficult to trust adults. There is evidence that "emotional arousability and temperamental intensity are associated with angry outbursts, emotional upset, aggression, and acting out."<sup>9</sup> This study of AMS could give SEBD students the necessary skills to cope with anger.

If the children are not taught how to handle their anger, this could lead to violence. Sixty-four percent of urban principals said that violence has increased in their schools in the past five years; 54 percent of suburban principals and 43 percent of those in rural areas proclaimed it also.<sup>10</sup> According to the FBI, juvenile arrests for murder, robbery and assault all increased by 50 percent between 1988 and 1992.<sup>11</sup>

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<sup>8</sup> Nancy Eisenberg, Richard Fabes, and Mia Nyman, "The Relations of Emotionality and Regulation to Children's Anger-related Reactions," *Child Development* 65 (1994) : 109 .

<sup>9</sup> Ibid., 109 .

<sup>10</sup> Thomas Toch, Ted Gest and Monika Guttman, "Violence in Schools," *U.S. News & World Report* (November 1993) : 32 .

<sup>11</sup> Ibid., 34 .

Children's behavior should also be considered in view of the society they live in. The National Center for Injury Prevention and Control Division of Violence Prevention reported that between the years of 1986-1992 the homicide rate for children ages 5-9 both male and female increased from 134 to 146 per 100,000. The rate for African-American males increased from 26 to 31 per 100,000. With these numbers increasing at a fast rate, the interest of a child's life should be top priority for everyone.<sup>12</sup> The statistics for African-American males are at an all time high and steadily increasing. The homicide rates for African-American males is the highest for ages 15-19 and it occurs at a rate nine times that of young White men within that same age group.<sup>13</sup> To help ensure a non-destructive society, there should be more done to decrease these statistics.

Children learn from others the difference between right from wrong. Somewhere in their lives, SEBD children have learned to deal with uncertainty only by becoming angry. The AMS program targets these children, to teach them how to express themselves without turning to violence. These children need to be taught to use other methods to resolve conflicts. The AMS study will hopefully determine some effective techniques that can be used to decrease the violence among children with SEBD.

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<sup>12</sup> Center for Disease Control and Prevention National Center For Injury prevention and Control Division of Violence Prevention, 1992 .

<sup>13</sup> Robert H.DuRant, Chris Codenhead, and Robert A. Pendergrast, "Factors Associated with the Violence Among urban Black Adolescents," *American Journal of Public Health* 84, no. 4 (April 1994) : 612 .

## **Purpose of the Study**

Anger management skills can be learned by young children. The purpose of the AMS study is to uncover information that could help SEBD children learn a safer more socially acceptable way to deal with anger. Children often think they are bad people because they have chosen to use unacceptable behavior when coping with anger. It is important for the purpose of this group of SEBD children to allow them to distinguish between the person and his behavior. A group has been established to assist these children to meet their needs. The group allows children to understand their feelings and behaviors, and realize what the appropriate reaction to anger should be. SEBD children also need skill development, which consists of communication, problem solving, and coping mechanisms, which are all required for anger management. The group provides children with skills to handle anger and other people's anger toward them. It is important for the children to understand their own anger, and to identify characteristic ways to express anger.

Consequences always play a role in children with SEBD. Most of these children do not want to have the consequence after they have "acted out" or have gone "out of control." Many specialists believe that the elementary years are the most effective times to introduce the principles and techniques of anger management. Remaining in control

of one's emotions and finding healthy outlets for anger are lifelong challenges.<sup>14</sup>

By laying a foundation in early grades, teachers, social workers, counselors, psychologist, and parents can offer students a head start. SEBD children must be given coping skills in order to handle anger and these children need to be identified and taught as early as possible.

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<sup>14</sup> Dr. Rankle, 2 .

## **CHAPTER TWO**

### **REVIEW OF THE LITERATURE**

Emotionality appears to play a major part in children who have trouble controlling their anger. Eisenberg and colleagues proposed that individuals who are low in regulation and high in emotional intensity are expected to be prone to overt expressions of anger and frustrations such as aggressive behavior and venting of emotions. The primary purpose of Eisenberg's study, "The Relations of Emotionality and Regulation to Children's Anger-related Reactions" was to examine the regulation of individual differences in regulatory capacities and emotionality to school-aged children's reactions when angered in social situations. Regulation is defined as "controlling impinging stimuli and internal states involving attentional processes (such as attention shifting and attention focusing) as well as the inhibition and activation of behavior."<sup>1</sup> The study provided evidence that emotionality, arousability and temperamental intensity are associated with angry outbursts, emotional upsets, aging aggression, acting out behaviors, and intensity of anger are related to aggression and venting of emotions. Eisenberg and her colleagues believe that both, emotional intensity and regulation are characteristics that are relevant

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<sup>1</sup> Nancy Eisenberg, Richard A. Fabes, and Mia Nyman, "The Relations of Emotionality and Regulation to Children's Anger-related Reactions," *Child Development* 65 (1994) : 109 .

to individual differences in anger and anger situations. Additionally, prior research has indicated that children, who are intense in negative emotions, have difficulty behaving in constructive ways in situations involving high levels of emotion.<sup>2</sup> They describe children who report high intensity of anger and “hot-headed” boys to be more aggressive. Children who are high in emotional intensity are more likely to seek physical retaliation or to express their emotions when they are angry and not likely to handle the situation in a socially constructive manner.<sup>3</sup> When relating to gender differences, Eisenberg et al. found that compared to girls, boys scored a lot higher on anger intensity and physical retaliation.

There are various theories that have been used to explain emotionally disabled children who can not handle their anger appropriately. In their study “A school-based anger management program for developmentally and emotionally disabled high school students,” Kellner and Tutin used the cognitive-behavioral conceptualization of anger. They used this model of anger “as a stress reaction in which cognitive, behavioral and physiological responses are each of importance in intervention.”<sup>4</sup> The authors state that this approach, which assist adolescents and young adults to develop new skills and strategies for managing anger, appears to have an important role in the efforts to reduce

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<sup>2</sup> Ibid., 110 .

<sup>3</sup> Ibid., 111 .

<sup>4</sup> Millicent H. Kellner and Judith Tutin, “A school-based anger management program for developmentally and emotionally disabled high school students,” *Adolescence* 30 (winter 1995) : 813 .

violence. They also believe that if the students master the skills, it would increase the chance that some will gain some or all entry into society.

Kellner and Tutin administered a pilot program about anger management for high school students who were developmentally and emotionally disabled. The pilot program was modified to meet the learning needs of the students. There were 110 students at the school and four (one female and three males) participated in the study ages 15-18.<sup>5</sup> The students who were chosen had a history of severe emotional and learning problems. These students were chosen because they could not cope with anger.

The goals were to educate the students about cognitive and behavioral components of anger, to teach cognitive and behavioral techniques to manage anger and to facilitate application of the newly acquired skills. The group was reminded that people get angry every day, but can find ways to manage this feeling. The participants were also taught relaxation, deep breathing, and counting exercises to help them gain control of their angry feelings.

The results of the study found that “developmentally disabled and emotionally disturbed adolescents and young adults can benefit from anger management programs in group format modified to meet their specific needs.”<sup>6</sup> Since the pilot program was such a success, an anger management program was established at their school and the

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<sup>5</sup> Ibid., 814 .

<sup>6</sup> Ibid., 818 .



researchers plan to continue to modify the program to meet the needs of the students. The study revealed that, in order for this and similar populations to learn from traditional cognitive behavioral anger-management programs, modifications are necessary. Future plans for Kellner and Tutin's program, are to find creative ways to get the parents involved.<sup>7</sup>

Children can learn to handle their anger with a positive response. In Tavis's book, *The Misunderstood Emotion*, she states that many children learn anger reactions through their home environments. She adopted the view of the family system theory, which propose that "a patterned cycle of violence and disobedience is established early, and quickly spins out of control."<sup>8</sup> Tavis states that a child who grows up in a hostile environment will eventually become more rebellious, disobedient, and aggressive. This hostile environment can lead to the child beginning to give up at school and developing low self-esteem, thus perpetuating parent anger and rejection. It then becomes a continuous cycle. Tavis suggests that children progress steadily from learning to be disobedient to learning to be physically assaultive. It is her belief that parents of aggressive children use a lot of punishment (shouting, scolding, and spanking), and do not make the punishment match the child's behavior. She states that this is a problem because parents of aggressive children need to state clear rules, praise good behavior, or

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<sup>7</sup> Ibid., 819 .

<sup>8</sup> Carol Tavis, *Anger, The Misunderstood Emotion* (New York: Simon & Schuster, 1989) , 307.

consistently punish violations.<sup>9</sup> The author suggests that as children develop more skills at coercing situations and being disobedient, they become more difficult to discipline and teach social skills that are necessary to succeed in daily living. She acknowledges the fact that there are successful programs to interrupt this cycle. The programs she speaks of are designed to teach children how to control anger, how to solve the problems that make them angry, how to relax, reduce tension, and how to get along with other people so they will not need to get angry.<sup>10</sup> She also provides an additional warning to parents that there is consistency of aggressiveness between childhood and adulthood. She states “bullying children grow into bullying adults, they do not outgrow bad habits unless they can replace them with other, more successful ones.”<sup>11</sup>

The socialization of childhood conditions, processes, and experiences shape the behavior of children. In the article, *Aggressive Behavior in Childhood and Early Adolescence: An Ecological-Developmental Perspective on Youth Violence*, Fraser states that a child's social development is heavily rooted in opportunities, skills, and recognition that accrues through early interactions with family members, peers, teachers, neighborhoods, ministers, and coaches.<sup>12</sup> If there are poor social or economic

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<sup>9</sup> Ibid., 308 .

<sup>10</sup> Ibid., 308 .

<sup>11</sup> Ibid., 309 .

<sup>12</sup> Mark W. Fraser, “Aggressive Behavior in Childhood and Early Adolescence: An Ecological-Developmental perspective on Youth Violence,” *Journal of the National Association of Social Workers* 41, no. 4 (July 1996) : 348 .

conditions, children may lack the opportunity for role models of successful social participation, and they may be seriously disadvantaged in developing skills that will promote success in school, work, and other life settings. These conditions make children vulnerable to their environment. From a family perspective, Fraser states that children in some homes are trained, literally, but not unintentionally, to respond to authority with hostility.

Without realizing the dynamics, parents teach their children how to be aggressive at an early age. The article reveals that aggression is reinforced by the use of harsh punishment, failure to set limits, neglect in rewarding prosocial behavior, and the coercive style of parent-child interaction. Normally, when a child engages in aggressive behavior, parents will intervene. However, research shows that there are parents who do not intervene consistently. When parents do intervene, it is often with excessive force and negative affect by yelling, threatening, grabbing, pushing, yanking, and hitting to coerce the child into compliance.<sup>13</sup> Since coercion is modeled in the home, children learn that aggression pays off and it has social utility. Fraser states that parental acquiescence rewards a child's aggressive reaction and increases the chances that he or she will use similar strategies when interacting with other people. He states that without intervention this pattern of aggressiveness will develop from minor to developmentally expected opposition to increasingly serious noncompliance. This behavior will not only occur at home, but at school as well, where it interferes with the

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<sup>13</sup> Ibid., 349 .

child's social interaction with peers and teachers. Fraser believes that this cycle gives young children an early start toward an aggressive, confrontational, and potentially violent interpersonal style.

When children use aggression to achieve social goals, it can lead to rejection by their peers. Fraser states that rejected children are more likely to escalate aggression when they are the target of aggressive acts such as teasing or taunting. These children are quick to fight and slow to negotiate, bargain, or use other forms of problem solving. The article states that aggressive behavior has the consequence of isolating children from learning opportunities with socially skilled peer groups, and increases the risk of problems in the school and the community.

Fraser suggest that in order to address the problem of aggressive children, the school, parents, and the community need to work together. He suggests a school-based prevention and early intervention strategies to promote children's attachments to positive peers. These strategies could strengthen a child's skills for school involvement and academic achievement, promote involvement in school activities, and decrease truancy and school-related misconduct.<sup>14</sup> When addressing the problem of aggressive peers, Fraser suggests that parents of SEBD children should play a major role in identifying appropriate and inappropriate peer behaviors and in approving their children peers.

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<sup>14</sup> Ibid., 354 .

Violence seems to play a part in a child's anger and aggression. Durant and colleagues state that "there is extensive evidence that many children and adolescents are continuously exposed to high levels of violence throughout their lives and that this socialization may have a significant effect on the increase in violent behavior observed over the last 40 years."<sup>15</sup> Research on "Factors Associated with the Use of Violence Among Urban Black Adolescence," includes violence on many levels; witnessing violence on television and movies, the community, and in the home. The results from the study reveal that 84 percent of the adolescents reported engaging in at least one form of violent behavior. Male subjects reported engaging in a lot more violent behavior than females. Durant and his colleagues also found that children who live in homes where the head of the household is employed had fewer feelings of hopelessness and were more likely to believe they would be alive at the age of twenty-five than a child who came from a home where the head of the household was unemployed.<sup>16</sup> They found that the data support the cultural transmission theory that proposes that adolescents' use of violence is learned within intimate primary groups that include families, peer groups, and other sources for modeling such as gangs.<sup>17</sup> Durant and his colleagues suggest that the solution to violence with adolescents is to have skill building violence prevention programs that are centered on conflict resolution and violence

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<sup>15</sup> Robert H. Durant, Chris Codenhead, and Robert A. Pedergrast, "Factors Associated with the Use of Violence among Urban Black Adolescents," *American Journal of Public Health* 84, no. 4 (April 1994) : 612 .

<sup>16</sup> Ibid., 615 .

<sup>17</sup> Ibid., 615 .

avoidance. In addition to this suggestion, they recommend that this effort have to be done in conjunction with institutions and the community to address the risk factors for children engaging in violent behaviors.<sup>18</sup>

There are many factors that influence aggressive behavior in children. In a survey conducted at two North Carolina schools, Cotton et al. found that the homicide rate for African-American adolescents is six times that for Caucasian adolescents. There were 436 students in the study; fifty-one percent of the students were males and forty-nine percent were females.<sup>19</sup> This study examined the extent to which individual and family factors are associated with aggression and fighting behavior among African-American middle school adolescents. The study focused on the extent to which individual characteristics of adolescent and family factors (including poverty status and students perceptions of their families' views toward violence) predict aggression and fighting behavior among African-American adolescents.<sup>20</sup> Some of the information that was collected came from school records on levels of aggression, fighting at school, suspension for fighting, attitudes towards violence, who carried weapons, and socio-economic backgrounds.

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<sup>18</sup> Ibid., 616 .

<sup>19</sup> Nikki U. Cotton, Jaqueline Resnick and Dorthy Browne, "Aggression and Fighting Behavior among African-American Adolescents: Individual and Family Factors," *American Journal of Public Health* 84, no. 4 (April 1994) : 618 .

<sup>20</sup> Ibid., 618 .

The Cotten study found that individual characteristics of the students, including age, gender, weapon-carrying behavior, and attitude toward violence, were predictive of their reports of aggressive behavior and fighting at school.<sup>21</sup> The results of the study showed that 37 percent of the students had been involved in physical fights, of these results, 26 percent were girls and 47 percent were boys. Within these results, 77 had been suspended from school, 14 percent were girls and 21 percent were boys. Eighty-three students stated that they carried weapons to school, of these 16% were girls and 22% were boys.<sup>22</sup> In all the cases, boys scored higher than girls did. These results came from self-reports from the students who got permission from their parents to fill out the survey.

Cotton et al. suggest that violence prevention programs set in elementary and middle schools may be useful in the prevention of aggression and fighting among youth. They state that the programs should teach non-aggressive conflict resolution strategies to give children the necessary tools to control their aggressive behaviors.<sup>23</sup>

When schools are considering preventive methods of violence, Alexander and Curtis suggest that they establish an organized atmosphere of learning and living in school.<sup>24</sup> They discuss assaults on students and teachers and recommend a

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<sup>21</sup> Ibid., 620 .

<sup>22</sup> Ibid., 619-620 .

<sup>23</sup> Ibid., 620 .

<sup>24</sup> Rudolph Alexander, Jr. and Carla M. Curtis, "A Critical Review of Strategies to Reduce School Violence," *Social Work in Education* 17, no. 2 (April 1995) : 75 .

cognitive-behavioral approach. They state that this model that deals with aggression is affective because it considers the linkages between stimuli, unconditioned responses, conditioned responses, and contingencies. The author states that the behavior exhibited by an adolescent indicates to the school professional where to intervene, conforming to the social work principle of starting where the client is. They suggest that this model can be used for serious conduct disorder children and recommend many intervention strategies, including social competence, peer counseling, academic remediation, behavioral self-control strategies, training educators, parent training in child management, social learning, family therapy, parent individual therapy, couple or single-parent counseling and parent education.<sup>25</sup>

Alexander and Curtis states that some students' problems can be addressed early before more-intrusive and more restrictive interventions are used. They recommend a behavioral self-management intervention strategy consisting of self-management, self-management, self-evaluation, self-reinforcement, and self-instruction. School social workers are in the perfect environment to assist in proposing possible interventions to assist aggressive children in the school system. They state that schools who want effective interventions for aggressive students should be more willing to permit social workers to try various interventions and theories.

When studying aggression, researchers have not paid enough attention to gender differences. When relating to the way, in which boys display their aggression when

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<sup>25</sup> Ibid., 76.



they are angry, society uses the excuse that “boys will be boys”. Creik and Grotmeter’s study provide evidence that the degree of aggressiveness exhibited by girls has been underestimated in prior studies.<sup>26</sup> Their study consisted of 491 third through six grade children. They studied aggression in children to examine the effects of conduct problems on children’s development. They believed that there was an alternative explanation for the forms of aggression that was analyzed in past research. These authors stated that prior research has shown that boys display higher levels of aggression than girls do.<sup>27</sup>

Creik and Grotmeter’s define aggression as “behaviors that are intended to hurt or harm others.”<sup>28</sup> When children “inflict harm on their peers, they do so in ways that best thwart or damage the goals that are valued by their respective gender peer groups.”<sup>29</sup> Boys exhibit overt aggressive behaviors that involve verbal and physical aggression such as hitting, pushing, or threatening to beat up others. Girls exhibit relational aggression, which is harming others through purposeful manipulations and damaging peer relationships.<sup>30</sup> The results of the study revealed that in comparison to

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<sup>26</sup> Nikki R. Creik and Jennifer K. Grotmeter, “Relational; Aggression, Gender and Social-Psychological Adjustment,” *Child Development* 66 (1995) : 710 .

<sup>27</sup> Ibid., 710 .

<sup>28</sup> Ibid., 710 .

<sup>29</sup> Ibid., 710 .

<sup>30</sup> Ibid., 716 .

boys, girls are more likely to focus on relational issues during social interactions, while boys are more overtly aggressive (hitting others and using profanity).

Creik and Grotperter state that although girls exhibit more relationally aggressive behavior, both boy and girls can be identified with almost equal frequency of aggression. Aggression varies as a function of sex. Boys and girls are aggressive, but tend to exhibit distinct forms of the behavior” (relational aggression for girls and overt aggression for boys).<sup>31</sup>

The literature clearly supports that it is imperative for children to get a grasp on their anger and learn skills to handle it appropriately before it leads to violence. If society does not intervene with children and their anger while they are young, it could lead to destructive behavior in adults. Though there was evidence of girls being aggressive, most of the studies found boys to be more angry, aggressive and violent.

### **Theoretical Framework**

Various researchers have studied anger and aggression in children. Each researcher has given various reasons why children behave the way they do. In this study, the cognitive behavioral perspective is used to understand children’s anger and teach them appropriate ways in which to deal with this anger.

Cognitive psychology involves the study of basic information-processing

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<sup>31</sup> Ibid., 721 .

mechanisms, such as attention and memory, as well as higher mental processes such as thinking, planning, and decision making.<sup>32</sup> The cognitive behavioral perspective on abnormal behavior focuses on how thoughts and information processing can become distorted and lead to maladaptive emotions and behavior. Within cognitive behavior, the behavior of the individual becomes the focus of attention. Cognitive behaviorists study “patterns of distorted information processing exhibited by people with various forms of psychopathology, the mechanisms that may be involved in the maintenance of certain disorders.”<sup>33</sup>

Donald Meichenbaum is a cognitive behavior theorist who uses self-instructional therapy. His self-instructional therapy focuses on helping clients to become aware of their self-talk. According to Meichenbaum, self-statements have an affect on a person’s behavior just as much as a statement by another person. He believes that distressing emotions are usually the result of maladaptive thoughts. The basis of self-instructional therapy is based on the assumption that what people say to themselves influence their behavior.<sup>34</sup> This therapy emphasizes acquiring practical coping skills for problematic situations such as impulsive and aggressive behavior.<sup>35</sup> This process consists of training and modifying the instructions clients give to

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<sup>32</sup> Robert C. Carson, James N. Butcher, and James C. Coleman, *Abnormal Psychology and Modern Life*, 10<sup>th</sup> ed. ( Chicago: Scott, Foresman and Company, 1995) , 87.

<sup>33</sup> Ibid., 87.

<sup>34</sup> Gerald Corey, *Theory and Practice of Counseling and Psychotherapy*, 3<sup>rd</sup> ed. (Montrey : Brooks/Cole Publishing Company, 1986) , 230 .

<sup>35</sup> Ibid., 230 .

themselves, so that they can have more effective coping skills with the problems they encounter.

Similar concepts are used in helping the AMS students use self talk. The students in the group are shown a video about ways to control their own anger. The video shows various anger management styles in which the students are asked to choose three. Whenever the children feel angry, out of control, or feel one of their anger buttons being pushed, they are instructed to use one of the anger management styles they had chosen for themselves. Some of the anger management styles include counting to ten, taking deep breaths, walking away, or stopping to relax and think. The children in the group learn to use self-talk as a coping mechanism in order to control their anger.

B.F. Skinner, behavioral theorist, had the belief that in order to control behavior, it should be based on principles of operant conditioning. Operant conditioning is referred to as changes in the behavior brought about when that behavior is followed by a consequence. Skinner contends that one can not learn unless there is some kind of reinforcement, whether positive or negative. With this view, he contends that actions that are reinforced tend to be repeated, and actions that are discouraged will be discontinued. He describes positive reinforcement as “the addition of something (such as praise or money) as a consequence for the desired behavior.”<sup>36</sup> Negative reinforcement deals with the removal of something from the situation, once the

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<sup>36</sup> Ibid., 175 .

undesired behavior has occurred.

South Metro Psychoeducational Center uses a model that is along the same lines as Skinner's reinforcement theory called the Boystown Classroom Social Skills. Within this model, there is a point system. The points are given to the children for positive behavior and the children earn negative points (called learning points) for undesired behavior. When interacting with the students during group therapy, the therapist has to also follow this model. The students are taught to give the appropriate responses that match the appropriate behavior in order to earn positive points. When they use any of the coping skills to handle their anger, they are given additional points. The point system gives them a goal to strive for day by day. For more information regarding the point system, refer to Appendix 1.

### **Treatment Hypothesis**

It was hypothesized that SEBD students participating in the anger management group would decrease their aggressive behaviors and gain coping skills to handle their anger.

### **Definition of Terms**

As previously stated for the purpose of this study, anger and aggression are defined as temper outbursts, verbal or physical threats, bullying, fighting, cursing or hurting others by hitting, biting, or scratching.

SEBD is the abbreviation for Severely Emotional Behaviorally Disturbed. This is a term that was defined by The Georgia Department of Education Special Education

Regulations and Procedures. This term is given to children who have not been able to function in a regular school nor an Emotional Behavior Disorder school. There are certain criteria for which one must qualify to receive this diagnosis and be admitted to receive special services in this kind of school.<sup>37</sup>

TI is the abbreviation for a teacher's intervention.. This is a term within the Boys Town Classroom Social Skills model, where the teacher tries to interact with a child to resolve the problem before he/she is sent to time out.<sup>38</sup> Once a child is sent to time out, they are given time to calm down and get ready for an administrative intervention (AI).

AI is the abbreviation for administrative intervention. This term is also a part of the Boys Town Classroom Social Skills where a trained administrator interacts with the child while he/she is in time out. The goal is to calm the child and have him/her report back to class. Boys Town Classroom Social Skills have been referred to several times throughout this research. A copy of the social skills is included in Appendix 2.

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<sup>37</sup> Georgia Department of Education Special Education Regulations and Procedures-IDDF, 1991, 9.

<sup>38</sup> Tom Dowd, Lisa Tobias and Theresa Connolly, *Specialized Classroom Management, A Boys Town Approach* (Nebraska : Boys Town Press 1993) , 7.

## **CHAPTER THREE**

### **METHODOLOGY**

The methodology section is organized into six sections: (1) setting, (2) clients, (3) outcome measure, (4) intervention strategy, and (5) research design.

#### **Setting**

South Metro Psychoeducational Center at Flat Shoals (South Metro) is an educational center for children who have been diagnosed with severe emotional behavioral disorders. The educational center serves children in the Fulton and Clayton County and Atlanta City Schools. Located in the Union City area of Atlanta, Georgia, the Center is set in a middle class neighborhood. The majority of the students come from Fulton County and are African-American males. Only students with disorders and severe emotional disturbances are admitted to this school. The majority of the students are referred to South Metro from a self-contained emotional behavioral disorder educational center. South Metro takes pride in teaching the children (excluding autistic children), the Boystown Classroom Social Skills Model of behavior management. This model helps the children learn social skills and allows them to get rewards when they are on task and deducts points when they get off task. There is also a “time-out” room that is used for the students to calm down and wait patiently to interact in an Administration Intervention.

The average class size is eight students for two teachers (one lead teacher and one paraprofessional).

### **Clients**

A major problem that the multidisciplinary team of the social worker, teacher, and supervisor were concerned about was the anger and aggression that had been displayed in their group of children. There were many children that would qualify and benefit from the AMS study, but the children that were selected displayed aggressive behaviors that seem to have stood out above the rest. The nature of many of the problems that the children faced led the staff to recognize that these children work best in small groups. Because of the various diagnoses from which these children suffer, large groups would overwhelm them. The staff watched these children and chose three students whom they felt would benefit from the anger management skills. Three African-American males were chosen because each was aggressive and could not effectively handle anger. Having to be restrained several times a day, they displayed behavior such as temper outbursts, verbal and physical threats, bullying, fighting, disobeying the Boystown skills, and hurting others by hitting, biting, and scratching. The students chosen were age eight and nine, all in the third grade. For the purpose of confidentiality, the clients will be referred to as Student 1, Student 2, and Student 3.

Student 1 was chosen because he was very angry and as a result, he displayed violent and other negative aggressive behavior i.e. fighting peers, yelling, destroying materials and cursing at his teachers. He had been diagnosed with several disorders; Oppositional Defiant Disorder, Depressive Disorder NOS, and Attention Deficit



Hyperactivity Disorder. He was currently taking Dexedrine to address the ADHD. He had a hard time trusting adults because of his scars from his childhood and the inconsistent nurturing he received in the past. He resided in College Park, Georgia with his grandmother. He had contact with his biological father but very little contact with his mother. He had a younger brother who currently resided with his mother. He liked to play basketball and Nintendo with his friends.

Nine-year old student 2 was the oldest in the group. He was chosen because he displayed all of the aggressive behaviors described. He lived with his foster parents, their son, and his younger biological brother in Atlanta, Georgia. He had been in foster care since 1991 because his mother was addicted to cocaine and alcohol. He had been diagnosed with Dissociative Disorder and Depressive Disorder Not Otherwise Specified. He was currently taking medications, Haldperidol, Imipramine and Catapres. His favorite subject was reading and he enjoyed playing with the computer.

Student 3 lived with his mother and older brother in Union City, Georgia. Following his parent's divorce, when he was five years of age, he began acting out in school. He used to spend a lot of time with his dad before the divorce. He was chosen because he was described as being manipulative, non-compliant, destructive, and would go into a rage when he did not get his own way. When he became angry, he stomped, kicked, and ran away. He had been diagnosed with Oppositional Defiant Disorder and Underlying Dysthymia. When the group started, he was not on any medication. He was being evaluated for medication for depression. He enjoyed watching cable and playing games on his "Nintendo 64".

### **Outcome Measures**

The measurement tool used in this study was a behavior collection data chart based on a goal attainment scale. The chart was designed by the researcher with supervisor input, to determine the number of times the student portrayed the aggressive behaviors. Creik and Grotmeter reveal that boys are overtly aggressive, which consist of such behaviors as hitting others and using profanity.<sup>1</sup> Therefore, the aggressive behaviors that were tested in the AMS study were temper outbursts, verbal or physical threats, bullying, fighting, hurting others by hitting, biting, and scratching. The students were all in the same class, so each week, the teacher was given a log (see Appendix 3) to complete on a daily basis. Every time the student portrayed any of the behaviors described above, the teacher was instructed to mark it on the log to count the number of frequencies, and at the end of the day, total each aggressive behavior. At the end of the week, the researcher collected the data logs from the teacher. In addition to the logs, each month, an interdisciplinary team meeting that was required by the school was held. The interdisciplinary team consisted of the teacher, social worker, and supervisor. The team meeting gave the researcher the opportunity to get additional information on the children's behavior.

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<sup>1</sup> Nikki R. Creik and Jennifer K. Grotmeter, "Relational; Aggression, Gender and Social-Psychological Adjustment," *Child Development* 66 (1995) , 710.

## Research Design

In this study, the A-B design was used. According to Bloom and Fisher, the A-B single system design involves planned use of a formal evaluation design, clear measurement rules, explicit analytic procedures, and clear definition of an of an intervention program, including when intervention starts and when it is completed<sup>2</sup>.

This design provides time for the practitioner to think through carefully what the problems appear to be and what specific interventions may be selected to deal with them<sup>3</sup>. The A-B design is the simplest logical structure permitting a planned comparison between two key elements of the evaluation, the nonintervention period and the intervention period. The A phase in the A-B design refers to the nonintervention/observation period<sup>4</sup>. For this study, the nonintervention stage lasted for three weeks. Information for the subjects in this study was retrieved from their charts. Additionally, during weeks 1-3, observations were made by the researcher through involvement with the teacher who monitored the frequency of disciplinary and administrative interventions.

The intervention stage of the A-B design took place from the fourth week to the ninth. During week 4, the group began and a pre-test was given. The pre-test/post-test was designed by the researcher using questions from Dr. Rankles, "What to do About

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<sup>2</sup> Martin Bloom, Joel Fisher, and John G. Orne, *Evaluating Practice, A Guide for the Accountable Professional* (Massachusetts: Allyn Bacon Publishing, 1995) , 351 .

<sup>3</sup> Ibid., 353 .

<sup>4</sup> Ibid., 353 .

Anger?” The students were instructed to fill out the questions on relating to themselves and how they would react to various situations. The pre-test/post-test was used to detect if the intervention was useful in decreasing the number of the student’s anger buttons, and finding out if any of the coping skills were used. During this same time, the teacher was instructed to chart the aggressive behaviors on the logs. The B phase in this design refers to the intervention. The teachers were instructed to chart the aggressive behaviors for nine weeks during the intervention and the follow-up. The intervention was conducted for six weeks and follow-up occurred for three. On the last week of the follow-up sessions, the students were given a post-test. They were given the same instructions as with the pre-test. Within the A-B design, the intervention is a planned change seeking to modify the problematic events in a desired direction. This design is useful because it will provide information to the schools, parents, and practitioners on the client’s ability to learn coping skills and apply them.

### **Intervention Strategy**

The intervention strategy used in this study was the Student Workshop: What to do About Anger. An eccentric scientist, Dr. Frank N. Rankle with Sunburst Communication in 1997, designed this workshop.<sup>5</sup>

The workshop was designed to help students understand and learn to handle their anger.<sup>6</sup> The workshop was modified in order to meet the needs of the students in

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<sup>5</sup> Dr. Frank Rankle, *Student Workshops: What to Do About Anger* (New York: Sunburst Communication, 1997) , 2.

<sup>6</sup> Ibid., 2.

the study. In light of the modification, the researcher did not use all of the worksheets because the students would not have been able to understand all of them. There are videos and worksheets for the students to use in order to grasp the anger management skills. The videos provide realistic scenarios that prompt children to consider: what situations or triggers make them angry, what characteristic ways they have for expressing and reacting to anger, the consequences of the ways they express anger, gain control over anger impulses, and respond effectively to another person's anger.

The training took place in the social workers' office every Monday at 10 a.m. for one hour. The time was limited to an hour to hold the attention of the students because they would not be able to cope with anything longer. In each session, the students had to actively participate in the review of what happened the prior week, know their anger style, and what trigger's their anger. Each video had worksheets that coincide with the topic of the video. The researcher played the video, and picked certain worksheets out of the package that these groups of students were capable of completing.

A general overview of the "Student Workshop: What to do About Anger?" is described below, so that it will be understood exactly what happened in each session. Each session corresponded with the number in the video and worksheets. In session one, introduction was made and the goals, rules, and rapport were established. In this session, a pre-test was given to the participants along with markers to be given during the group sessions. The first video was eight minutes and twenty-five seconds that discussed anger buttons and angry reactions. The worksheets focused on finding what buttons are pushed to make the student angry, how they look when they are angry and a

discussion of anger styles. The second session discussed feelings. The second video was eight minutes and twenty-five seconds and it discussed what happens when you act angry. It entailed what the consequence would be if a person displayed their anger in a negative manner. The worksheets allowed the students to identify various feelings and to know what each feeling entailed. Also during this session the researcher and the students played a card game called feelings. The game was similar to “go fish”, except the cards had feelings on them such as sad, happy, glad, disappointed, etc. By asking another player or by drawing from the deck, each player had to get four of a kind. If the player received a match, they had to act out the feeling or tell a time when they felt that way. The third week, the video was seven minutes and fifty seconds, which discussed handling your anger and anger consequences. The worksheets consisted of scenarios where the student had to pick “a”, “b”, or “c” of what would happen next. The fourth week, the video was six minutes and it discussed anger and friends. The worksheets for this week allowed the students to see how they could make things better if they chose to use a different coping mechanism than their current one. The fifth session was the research results, and as a group it was a review. The markers were given out along with the folders with all their information in them. Also additional worksheets were passed out and discussed, such as handling anger directed at you, and handling someone else’s anger. The sessions continued for three additional weeks because the researcher wanted to conduct additional follow-up.

At the beginning of each of the follow-up sessions, the researcher reviewed the anger management skills and played games that would reinforce social skills.

## **CHAPTER FOUR**

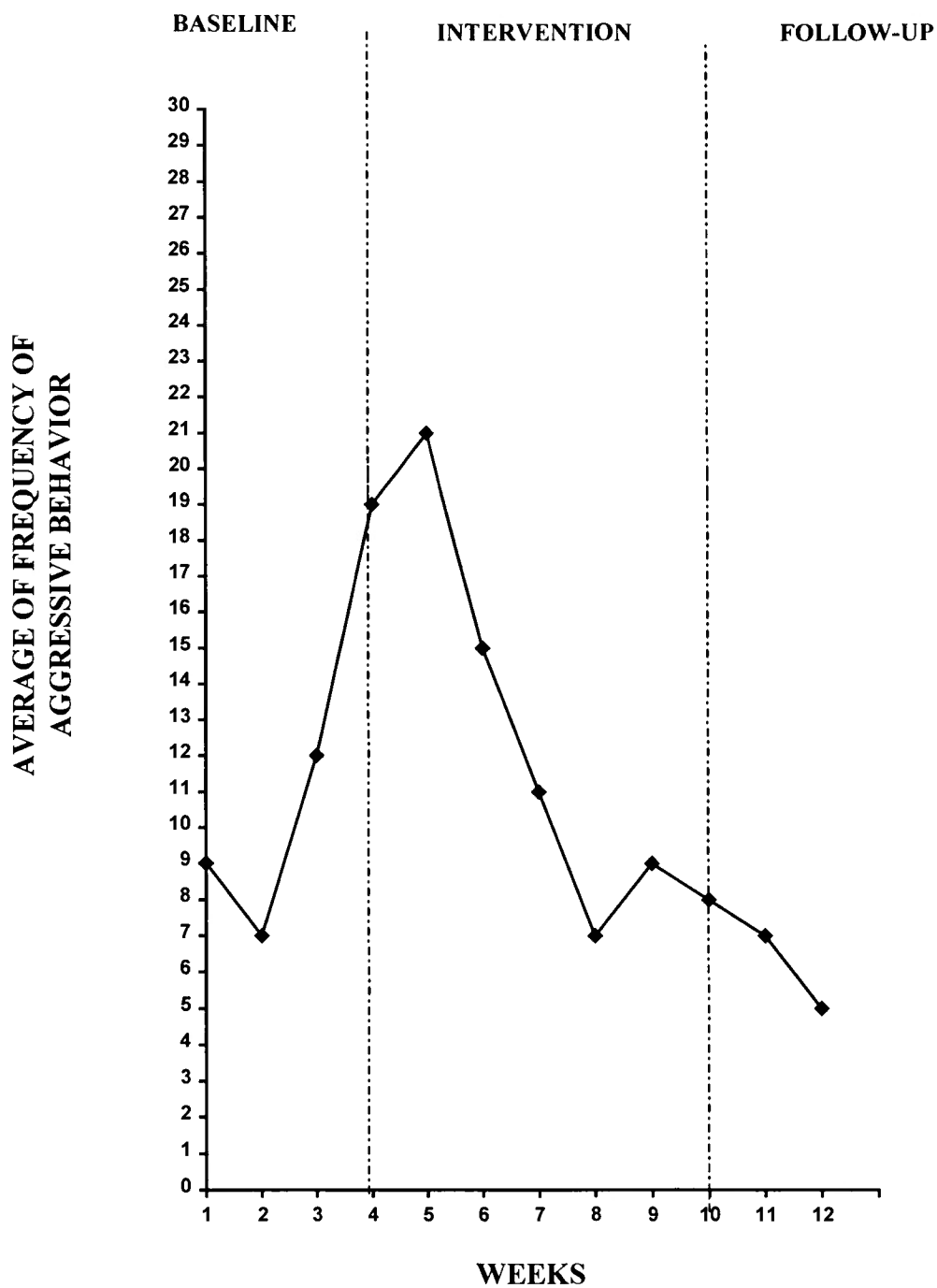
### **PRESENTATION OF FINDINGS**

The results of this study are presented in Figure 1 for Student 1, Figure 2 for Student 2, and Figure 3 for Student 3. Each student participated in a 12-week study that consisted of three phases, baseline, intervention, and follow-up. The researcher added the total number of behaviors per day and divided them by five to average the number of aggressive behaviors per week. The results on the charts are averaged results per week. As stated in previous chapters, aggression is defined as temper outburst, verbal or physical threats, bullying, fighting, cursing or hurting others by hitting, biting, or scratching.

Figure 1 presents the results from Student 1. During the baseline phase, Student 1's aggressive behaviors started at nine per week, which averages to almost two aggressive behaviors per day. His aggressive behaviors declined from nine to seven during the second week. Over the next four weeks going into intervention, his aggressive behavior increased from seven to twenty-one per week. His aggressive behaviors mostly consisted of hitting, cursing, and disobeying rules. This increase of aggressive behaviors were attributed to this student's issues with starting something new, trusting adults he was not familiar with, creating a new environment, and sharing his feelings. The researcher had the most difficult time establishing rapport with this



**FIGURE 1**  
**FREQUENCY OF AGGRESSIVE BEHAVIOR DURING BASELINE,**  
**INTERVENTION AND FOLLOW-UP PHASES FOR STUDENT 1**



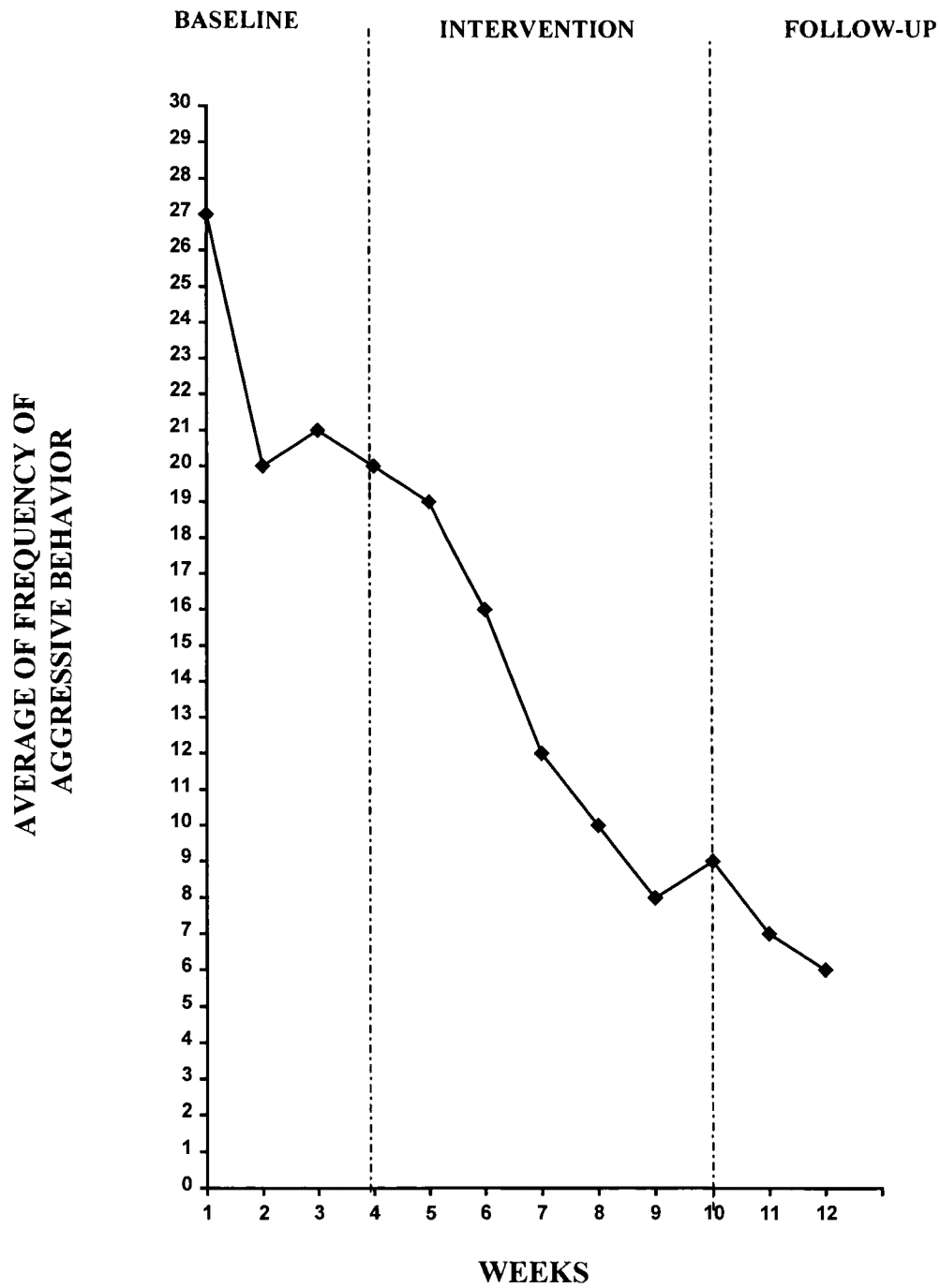
student. As the group progressed, his aggressive behaviors began to decline from twenty-one to seven. During the follow-up phase, his aggressive behaviors decreased from eight to five, per week.

Student 2 results are displayed in Figure 2. Figure 2 displays this student's aggressive behavior declining as the intervention began and continuing into the follow-up phase. His aggressive behaviors consisted of hitting, kicking, cursing, and disobeying rules. When the baseline phase began, Student 2's aggressive behaviors began at twenty-seven per week and leveled off into the lower twenties per week. During week four, Student 2's behavior started to decline. At this point in the study, the researcher was informed that Student 2 had a change in medication. The researcher decided to keep the student in the group because the medication was a trial basis for this student. During weeks six through nine, the student's aggressive behaviors began to decline from sixteen to eight. By the end of the follow-up, Student 2's aggressive behaviors had decreased to five per week, which averages to only one per day. On Student 2's logs, the teacher wrote additional comments, such as "good day" several times.

Figure 3 details the results for Student 3. During the baseline phase, Student 3 started at twenty-nine aggressive behaviors per week. At the time intervention started, he had decreased to twenty aggressive behaviors per week. Student 3's aggressive behaviors consisted of cursing and disobeying rules. He had been seeing a Psychiatrist for evaluation to start him on medication. The researcher was informed by his social

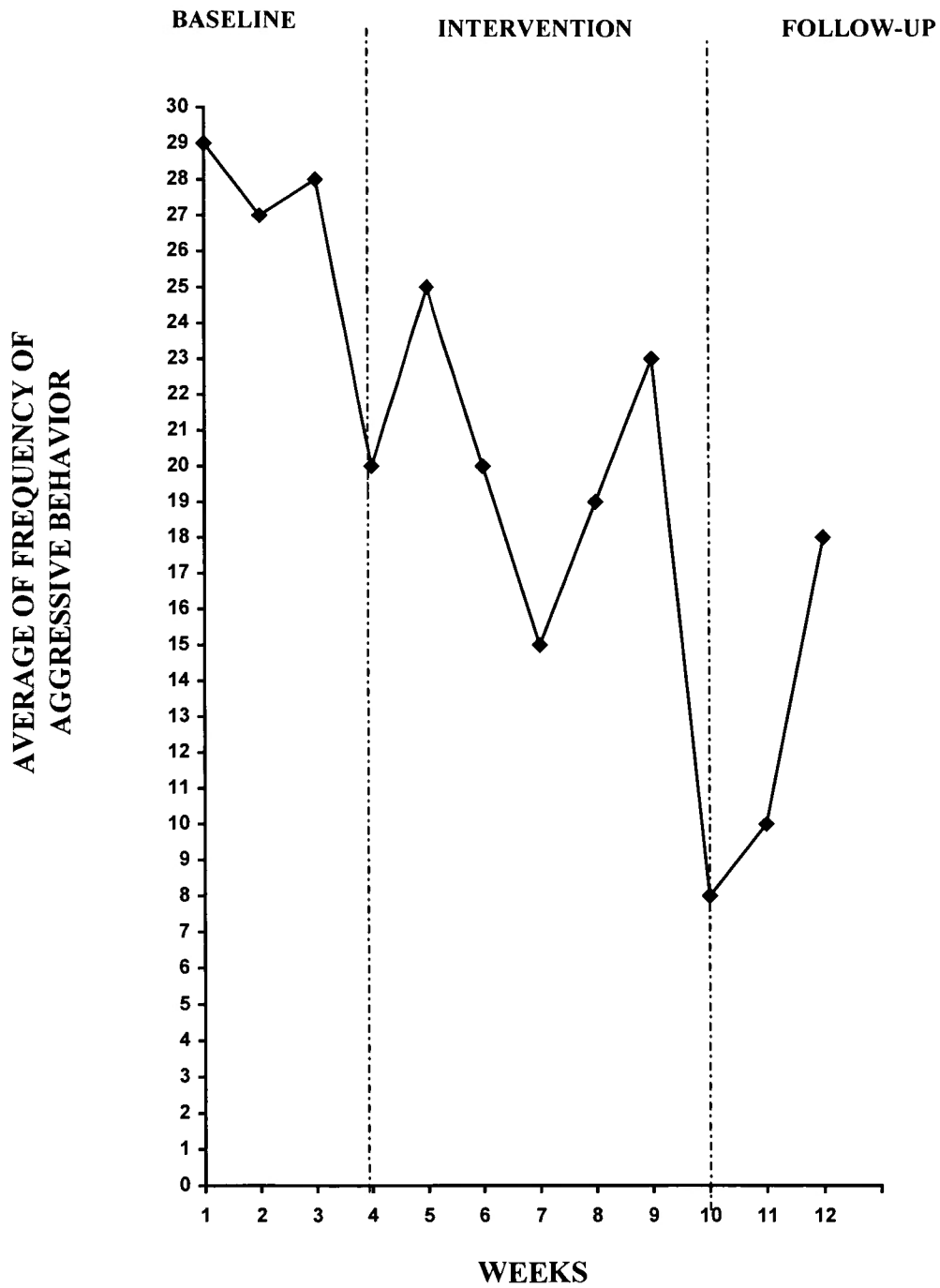
FIGURE 2

**FREQUENCY OF AGGRESSIVE BEHAVIOR DURING BASELINE,  
INTERVENTION AND FOLLOW-UP PHASES FOR STUDENT 2**



**FIGURE 3**

**FREQUENCY OF AGGRESSIVE BEHAVIOR DURING BASELINE,  
INTERVENTION AND FOLLOW-UP PHASES FOR STUDENT 3**



worker that he was to start Prozac during week five. He never started on the medication and his aggressive behaviors continued to fluctuate from twenty-five in week five to seven by the time of follow up. During week twelve, the last session, Student 3 had eighteen aggressive behaviors per week. Student 3 was having a lot of problems at home, consequently the researcher continued to give this student support on an individual basis. The teacher informed the researcher and included it at the bottom of the logs of certain days that this student continued to fall asleep in class and refused to do his work. There were certain subjects he would attempt and others, he would refuse.

The pre-test/post test results are discussed as a comparison between the pre-test and post-test answers. The pretest/post test was given to assist in measuring whether the intervention would decrease the number of triggers to anger, the use of the coping skills learned, and the ability to cope in certain situations.

Question one of the pre-test/ post-test requested the students to identify their “anger buttons”. The sentence started with, “I get angry”, and the students were asked to choose from 32 responses. These anger buttons are triggers that will prompt the children to become angry. The intervention was used to give the children more appropriate ways in which to deal with anger. The researcher anticipated that after the intervention, the children would have more acceptable ways of handling anger, and their anger buttons would have decreased. Student 1’s anger buttons did decrease with marking sixteen anger buttons on the pre-test and eight on the post-test. Student 2’s anger buttons stayed the same, he chose eleven on the pre-test and eleven on the post test. The anger buttons Student 3 chose also decreased from twenty-four to twenty.

The decrease in anger buttons is a way of knowing the participants had found a better way to handle their anger when certain stimuli were involved.

The AMS group was also asked to identify feelings that made anger stronger. Student 1 chose hurt, frustration, and stress on the pre-test but, he only chose frustration on the post-test. Disappointment, hurt, and stress were chosen on the pre-test for Student 2, but on the post-test disappointment and frustration were chosen. Student 3 chose disappointment and hurt on the pre-test and disappointment on the post-test. The researcher used these feelings from the pre-test to have the students identify various feelings besides expressing everything as anger.

The next question dealt with ways one can gain control of anger. Each student was instructed to circle which ways were best for him to control his anger. On the pre-test, Student 1 chose to count to ten, talk to himself, take deep breaths, walk away, say a curse word, keep the anger inside, and stop, relax to think. During the post-test, he chose the same methods, except he did not include saying a curse word as an adequate way in which to gain control of his anger. Though keeping it inside was not a desired answer, this particular coping mechanism had been the only form of communication for this student throughout his life. He felt safe to keep the anger inside, therefore he did not have to take any risk by telling how he felt or letting anyone get close to him. Thus, he would not be vulnerable and no one could take advantage of him.

On question three of the pre-test, Student 2 chose to count to ten, talk to himself, take deep breaths, avoid triggers to anger, walk away, and stop, relax to think. This student identified ways of controlling anger the same for the pre and post-test. His

teacher had reported to the researcher that he does use these skills when he attempts to calm himself down, though the idea of the intervention was to use these coping mechanisms before he exploded out of control.

For question three, Student 3 chose to count to ten, talk to himself, take deep breaths, say a curse word, throw a desk, keep it inside, and stop, relax to think. On the pre-test, this student chose two undesirable ways in which to control his anger; throwing a desk and cursing. On the post-test, he replaced those two with two acceptable coping mechanisms which were tearing up paper and walking away.

On question number four, the students were asked, “What are some ways you would handle other people when they are mad at you”? The pre-test revealed that Student 1 chose to stop and calm the person down, say he is sorry if it is his fault, find out why they are angry and ask questions, think of ideas to help solve the problem, stick out his tongue and say so what, don’t apologize if its his fault, become angry too, and ignore the person’s feelings. The last four items he chose were not the desired responses to handle someone else’s anger. His answers for the post-test did not include the last four responses which was great progress from the results that were seen in the pre-test.

On the post-test, Student 2 chose to stop and calm the person down, say he’s sorry, if it is his fault, find out why they are angry and ask questions, and think of ideas to help solve the problem. During the post-test, this student chose the same answers except to find out why they are angry and ask questions.

For the pre-test, Student 3 chose to stop and calm the person down, say he is sorry if it is his fault, find out why they are angry and ask questions, think of ideas to help solve the problem, stick out his tongue and say so what, don't apologize if its his fault, become angry too, and ignore the person's feelings. On the post-test, this student chose the same answers except for three. He eliminated, think of ideas to help solve the problem, stick out his tongue and say so what, and ignore the person's feelings. The researcher felt that this student had made progress with the post-test by eliminating some of the inappropriate ways to handle other people's anger directed at him. He still felt the need to be angry with another person because they were angry with him. This was shown at school in the aggressive behaviors this student had shown.

The next eight questions dealt with consequences and choosing the best answer. There was not a right answer, but the students had to realize that there are consequences for their actions in each case scenario. These questions were established to test the students' ability to choose answers that seemed right in various situations. The analysis for Student 1 in regards to the way he answered the questions is, he still got angry, but again has exhibited that he felt better to hold the anger in and not deal with it. This has been consistent with the actions of this student in previous records and in the AMS group. Student 2 answered a few questions that informed the researcher that this child still needs to work on expressing his feelings instead of keeping them inside. He has a history of neglect and he is still searching for acceptable ways to express his feelings. Student 3 answered the consequence questions that informed the researcher that this



student still felt the need to express anger inappropriately by getting angry, hitting, and cursing.

All three of the students had similar answers on the pre-test and post-test in regards to consequences. These students still have to find out how to link up their actions and consequences.

## CHAPTER FIVE

### SUMMARY AND CONCLUSION

In the AMS study, the results indicated that the use of Dr. Rankles workshop, “What to do About Anger”, was a starting place for helping SEBD children understand and control their anger. The findings show that two of the SEBD children were able to grasp some of the coping skills to handle anger and decrease their aggressive behavior. The researcher found that the other child had a more difficult time grasping the skills and it could have been contributed to the fact that he was not on any medication to assist with his disorder.

Even though there were different results for each child, the use of a structured workshop dealing with coping skills to handle anger can be useful. Dr. Rankle’s workshop could be an effective tool for SEBD children to learn ways to display their anger, to be heard, and get their needs met all at the same time without being aggressive. Dr. Rankles workshop can be a program to assist students in decreasing their aggression by gaining coping skills to handle anger.

Kellner and Tutin’s study revealed that, in order for special education children to learn from traditional cognitive behavioral anger-management programs, modifications are necessary for that population.<sup>1</sup> The researcher found that it was

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<sup>1</sup> Millicent H. Kellner and Judith Tutin, “A school-based anger management program for developmentally and emotionally disabled high school students,” *Adolescence* 30 (winter 1995) : 819.

necessary to modify Dr. Rankle's program in order for the three SEBD children in the AMS study to grasp the anger management skills.

For Student 1, the results indicate that the use of Dr. Rankle's workshop helped to decrease his aggressive behaviors. Student 1 chose various ways to express his anger appropriately and get his needs met effectively. With Student 2, the workshop appeared to be successful. Student 2 has various disorders that, depending on the medication, may not allow this student to use all the skills that he learned in the various sessions. The workshop did not seem to be effective in helping Student 3 to decrease his aggressive behavior or grasp the necessary coping skills for anger. Student 3 was still being evaluated for medication to assist him with his disorder. At a later time, it was suggested that Student 3 participate in a similar group to help him control his anger and aggressive behavior. The overall goal of the AMS study was to help SEBD children decrease their aggressive behaviors and gain coping skills to handle their anger. The task was achieved through usage of Dr. Rankles workshop "What to do About Anger", that was implemented for a period of nine weeks.

Durant and his colleagues found that 84 percent of the adolescents reported

engaging in at least one form of violent behavior.<sup>2</sup> With the statistics in Durant's study being extremely high in relation to violence, it is important for the children in the AMS study to have grasped the anger management skills, so their anger will not lead to violence.

Tavris suggest that children learn anger reactions through their home environment. She also states that a child who grows up in a hostile environment will eventually become more rebellious, disobedient, and aggressive.<sup>3</sup> The children in the AMS study were all products of their environment. Each of the children in the study had backgrounds that suggest that they were unable to express their emotions, and used anger and aggression to get their needs met. Using anger and aggression to get their needs met, was one of the reasons they were referred to South Metro. The AMS study was important for them to learn the skills to express anger appropriately and use the skills in their environment.

In conclusion, the SEBD children demonstrated an overall improvement in the frequency of aggressive behavior. The findings report a slight change in the behavior of the students. It is evident that SEBD children are capable of learning coping skills to handle anger.

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<sup>2</sup> Robert H. Durant, Chris Codenhead, and Robert A. Pedergrast, "Factors Associated with the Use of Violence among Urban Black Adolescents," *American Journal of Public Health* 84, no. 4 (April 1994) : 612.

<sup>3</sup> Carol Tavris, *Anger, The Misunderstood Emotion*, (New York: Simon & Schuster, 1989) , 307.

### **Limitation of the Study**

There were several limitations to the research for this study. Some common threats to the internal validity of a single system design are the risk of drawing a conclusion about whether your intervention caused the changes in the target population.<sup>4</sup> One of the threats to internal validity dealt with the history. There was another event that occurred during the time of client- researcher contact. In the middle of the study, during intervention phase, the researcher was informed by Student's 2 social worker that he had his medication changed. The researcher did not know if it was the intervention or the new medication that caused the decrease in aggressive behavior. Furthermore the design of the pre-test/post-test can not be considered as valid. This design was made by the researcher from Dr. Rankle's worksheets and was not tested previously on another population.

Some weaknesses of the study are: the researcher did not use all of the worksheets provided Dr. Rankle for the intervention; the workshop was targeted toward third graders, but two of the children do not read on a third grade level, and the attention level of the children was minimal. In addition, the students saw the group as a way of getting out of class to play games, not to gain the necessary coping skills to control anger. Also, group time was spent on cohesion because two of the students had a

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<sup>4</sup> Martin Bloom, Joel Fisher, and John G. Orne, *Evaluating Practice, A Guide for the Accountable Professional* (Massachusetts: Allyn Bacon Publishing, 1995), 314 .

problem with the other for occurrences that happened in class. When working with SEBD children, a number of limitations may have directed the study on a different path.

For future research, the use of Dr. Rankles workshop: "What to do About Anger", should be used for a longer period of time. If more time had been given for the workshop, then the worksheets could have been broken up into two sets. There may also be a need for two researchers to give the children more attention. A suggestion for further usage for Dr. Rankles workshop is to have group twice a week to reinforce the coping skills to encourage the students to use them more. With these changes, Dr Rankles workshop may be more effective for SEBD children to help them gain coping skills to handle anger and to decrease their aggressive behaviors.

Coten et al. found that 37 percent of the student surveyed had been involved in physical fights, of these results, 26 percent were girls and 47 percent were boys.<sup>5</sup> These statistics were reportedly high for girls to be included in studies involving girls, anger, and aggression. It would be a challenge to compare the difference on how the workshop would effect the aggressive behaviors of girls.

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<sup>5</sup> Nikki U. Coten, Jacqueline Resnick and Dorthy Browne, "Aggression and Fighting Behavior among African-American Adolescents: Individual and Family Factors," *American Journal of Public Health* 84, no. 4 (April 1994) : 619-620 .

## **CHAPTER SIX**

### **IMPLICATIONS FOR SOCIAL WORK PRACTICE**

Dr. Rankle's workshop: "What to do About Anger?" could be an intervention tool used by Social Workers, when working with angry, aggressive children. The workshop needs to be restructured to fit the needs of the population. This study has shown that Dr. Rankle's workshop can be used to decrease SEBD children's aggressive behavior and give them the necessary coping skills to handle anger.

Research by Durant and colleagues suggest that the solution to violence with adolescents is to have skill building violence prevention programs that are centered on conflict resolution and violence avoidance. In addition to this suggestion, they recommend that this effort works in conjunction with institutions and the community to address the risk factors for children engaging in violent behaviors.<sup>1</sup> Since there has been reported violence in the school system, School Social Workers could take advantage of this workshop. In addition to the workshop, School Social Workers have the power to bring in parents, teachers, and administrators to add the coping skills into the child's behavioral plan. The workshop can be tailored to fit the needs of the child and the school. The teacher's involvement with the social worker will allow

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<sup>1</sup> Robert H. Durant, Chris Codenhead and Robert Pedergrast, "Factors Associated with the Use of Violence among Urban Black Adolescents," *American Journal of Public Health* 84, no. 4 (April 1994) : 612.

consistency with the child in accomplishing the goal of decreasing his/her aggressive behaviors. The social worker's involvement with the parent will also allow the parent to recognize the coping skills and reinforce them at home.

Delva-Tauili'ili states that measures to identify youth at risk of engaging in violent behaviors, particularly youth of color, are seriously needed. He states that when working with people of color, it is important for social workers to be critical of four areas; stereotyping, historical factors, simplistic explanations for behavior, and the cultural basis of aggression.<sup>2</sup> He states that the intervention process must begin with the worker's critical and rigorous evaluation of his or her values and beliefs about the youth of color with whom he or she is intervening.

The structure that Dr. Rankle's workshop provides will help the students and trainers to have a focused program. The social worker that uses Dr. Rankle's workshop can use it on a group or an individual basis. When working with SEBD children and Dr. Rankle's workshop, it is advised to only have small groups. It is advised to have a small group of children because the worksheets are so detailed that the social worker would not want to lose the attention of any of the students. This workshop can also be used in a regular school system with a group of children. The use of Dr. Rankle's workshop may be effective for either gender. Though, Eisenberg and colleagues states

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<sup>2</sup> Jorge Delva-Tauili'ili, "Assessment and Prevention of Aggressive behavior among Youths of Color: Integrating Cultural and Social Factors" *Social Work in Education* 17, no. 2 (April 1995) : 84-85 .



that when relating to gender differences, compared to girls, boys scored a lot higher on anger intensity and physical retaliation.<sup>3</sup>

If more programs focused on prevention and intervention in the school environment, there may be a decrease in the high rate of violent crimes committed by youths. For these programs to be effective, there is a necessity for more parents to participate and get involved with their child's lives. B.F. Skinner contends that one can not learn unless there is some kind of reinforcement.<sup>4</sup> Consequently, parent involvement could enhance the reinforcement of positive behavior.

South Metro Psychoeducational Center has an additional program for parents to participate in to learn how to implement Boystown Social Skills at home to make the discipline in SEBD children's lives consistent in their home and school environment. Tavis believes that parents of aggressive children use a lot of punishment (shouting, scolding, and spanking), and do not make the punishment match the child's behavior.<sup>5</sup> There are support groups for parents raising children with behavioral disorders. More intervention programs should be designed to assist parents to deal with their child's disorder and their behavior. If social workers can get the parents involved, there are certain factors that must be covered. Fraser suggests that parents should play a major role in identifying appropriate and inappropriate peer behaviors and in approving a

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<sup>3</sup> Nancy Eisenberg, Richard Fabes and Mia Nyman, "The Relations of Emotionality and Regulation to Children's Anger-related Reactions," *Child Development* 65 (1994) : 109 .

<sup>4</sup> Gerald Corey, *Theory and Practice of Counseling and Psychotherapy*, 3<sup>rd</sup> ed. (California: Brooks/Cole Publishing Company, 1986) , 230 .

<sup>5</sup> Carol Tavis, *Anger, The Misunderstood Emotion* (New York: Simon & Schuster, 1989) , 307 .

child's peers.<sup>6</sup> This is an important implication for social workers to get involved with programs for parents to participate in and receive support from.

Eisenberg and her colleagues found that children who are high in emotional intensity, as SEBD children are, will seek physical retaliation to express their emotions when they are angry.<sup>7</sup> For this reasoning, it is imperative that schools dealing with SEBD children, implement some kind of program to assist these children with coping skills. Kellner and Tutin have studied a similar population using a pilot program teaching anger management skills and found that it was a success.<sup>8</sup> Tavis suggests that more programs designed to teach children to control anger, solve problems that make them angry, learn how to relax, reduce tension, and get along with other people; need to be implemented, so that children will not need to get angry.<sup>9</sup>

This study gave the researcher the opportunity to work with SEBD children. For this population of students, it is difficult to keep their interest for a long period of time. School social workers are a very important part of these children's lives. They intervene in a child's life to help them make the best use of school opportunities. It is understood that each child has unique characteristics about their lives; therefore, each

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<sup>6</sup> Mark W. Fraser, "Aggressive Behavior in Childhood and Early Adolescence: An Ecological-Developmental perspective on Youth Violence," *Journal of the National Association of Social Workers* 41, no. 4 (July 1996) : 354 ..

<sup>7</sup> Nancy Eisenberg, Richard Fabes and Mia Nyman, "The Relations of Emotionality and Regulation to Children's Anger-related Reactions," *Child Development* 65 (1994) : 109 .

<sup>8</sup> Millicent H. Kellner and Judith Tutin, "A school-base anger management program for developmentally and emotionally disabled high school students," *Adolescence* 30 (winter 1995) : 819 .

<sup>9</sup> Carol Tavis, *Anger, The Misunderstood Emotion* (New York: Simon & Schuster, 1989), 307.

program needs to be structured to best fit that child. Especially when working with SEBD children, there is a need to structure the program to where each child can benefit.

It is mandatory that the school system, parents, community, and social workers work together to integrate SEBD children back into a regular school system. It is important for social workers to not only be concerned with the child's education, but also concentrate on the child's environment.

It is one of the roles of a social worker to develop awareness of resources within the community that will help families' progress. Each person that is part of a child's life, whether parents, social worker, guardian, teacher, or the crossing guard, everyone is part of a child's socialization and education. Society has to take responsibility for raising a child to be a functioning part of society, and it is up to social workers to make that dream a reality.

## APPENDIX 1

### DAILY POINT SYSTEM

Student				Date		
Points Possible	Points Earned	T.I.	Period	Class		
500-1000	_____	_____			Class Participation	
500-1000	_____	_____				Assignment Completion
500-1000	_____	_____				Bonus/Homework
500-1000	_____	_____			Class Participation	
500-1000	_____	_____				Assignment Completion
500-1000	_____	_____				Bonus/Homework
500-1000	_____	_____			Class Participation	
500-1000	_____	_____				Assignment Completion
500-1000	_____	_____				Bonus/Homework
500-1000	_____	_____			Class Participation	
500-1000	_____	_____				Assignment Completion
500-1000	_____	_____				Bonus/Homework
500-1000	_____	_____			Class Participation	
500-1000	_____	_____				Assignment Completion
500-1000	_____	_____				Bonus/Homework
500-1000	_____	_____			Class Participation	
500	_____	_____				Bonus
500-1000	_____	_____				Class Participation
500	_____	_____			Class Participation	
500	_____	_____				Bonus
500-1000	_____	_____				Class Participation
500	_____	_____			Class Participation	
500	_____	_____				Bonus
500-1000	_____	_____				Class Participation
500-1000	_____	_____			Participation (Bus Ride)	
500	_____	_____				Bonus
500-1000	_____	_____				Class Participation
500-1000	_____	_____			Assignment Completion	
500-1000	_____	_____				Bonus/Homework
2500	_____	_____				Excused Absence
500	_____	_____	/			
500	_____	_____				
500	_____	_____				
1500	_____	_____				
1500	_____	_____				
500	_____	_____	PM Homeroom (clean room, accounting, study time, waiting for bus)			

Classroom Subtotal \_\_\_\_\_

Social Subtotal \_\_\_\_\_

1. Points Earned \_\_\_\_\_

2. Points Lost \_\_\_\_\_

3. Total Today \_\_\_\_\_ T.I. \_\_\_\_\_

Bank Book Balance: \_\_\_\_\_

Bonds: \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

## LEARNING POINTS

<b>Adult Relations</b>		T1	T1	T1	T1
Not Following Instructions	1,000-10,000	_____	_____	_____	_____
Not Accepting Feedback	1,000-10,000	_____	_____	_____	_____
Not Accepting "No"	1,000-5,000	_____	_____	_____	_____
Swearing/Disrespectful Language/Voice/Comments	1,000-10,000	_____	_____	_____	_____
Not Greeting	1,000-5,000	_____	_____	_____	_____
Inappropriate Gestures or Facial Expressions	1,000-10,000	_____	_____	_____	_____

<b>Peer Relations</b>		T1	T1	T1	T1
Swearing/Disrespectful Language/Voice/Comments	1,000-7,000	_____	_____	_____	_____
Inappropriate Gestures or Facial Expressions	1,000-7,000	_____	_____	_____	_____
Teasing	1,000-7,000	_____	_____	_____	_____
Arguing or Threatening	1,000-7,000	_____	_____	_____	_____
Hitting or Fighting	1,000-10,000	_____	_____	_____	_____

Classroom Behaviors			TI	..	TI	TI	TI
Not Having Proper Permission/Interrupting	1,000-5,000	_____	_____	_____	_____	_____	_____
Not Attending to Classwork	1,000-5,000	_____	_____	_____	_____	_____	_____
Homework	1,000-9,000	_____	_____	_____	_____	_____	_____
Noise or Rowdiness	1,000-5,000	_____	_____	_____	_____	_____	_____
Carelessness (Materials and Furniture)	1,000-5,000	_____	_____	_____	_____	_____	_____

School Rules		TI	TI	TI	TI
Late for School or Class	1,000-5,000	_____	_____	_____	_____
Contraband	5,000-10,000	_____	_____	_____	_____
Cheating, Lying, or Stealing	5,000-10,000	_____	_____	_____	_____
Not Returning Card	1,000-5,000	_____	_____	_____	_____
Loss of Point Sheet	9,000	_____	_____	_____	_____

### School Staff Comments

What did this student do well today (include social and academic skills)?

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What areas does this student need to work on (include social and academic skills; describe major point losses, i.e. 5,000 or more, and any referrals to Principal)?

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Ask this student about: \_\_\_\_\_

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Homework assignments for tomorrow (if any): \_\_\_\_\_

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## BOYSTOWN CLASSROOM SOCIAL SKILLS

**#1 Following Instructions**

1. Look at the person.
2. Say 'Okay.'
3. Do what you've been asked right away.
4. Check back.

**#2 Accepting Criticism or a Consequence**

1. Look at the person.
2. Say 'Okay.'
3. Don't argue.

**#3 Accepting 'No' for an Answer**

1. Look at the person.
2. Say 'Okay.'
3. Stay calm.
4. If you disagree, ask later.

**#4 Greeting Others**

1. Look at the person.
2. Use a pleasant voice.
3. Say 'Hi' or 'Hello.'

**#5 Getting the Teacher's Attention**

1. Look at the teacher.
2. Raise your hand. Stay calm.
3. Wait until the teacher says your name.
4. Ask your question.

**#6 Making a Request**

1. Look at the person.
2. Use a clear, pleasant voice.
3. Explain exactly what you are asking for. Say 'please.'
4. If the answer is 'Yes,' say 'Thank you.'
5. If not, remember to accept 'No' for an answer.

**#7 Disagreeing Appropriately**

1. Look at the person.
2. Use a pleasant voice.
3. Say 'I understand how you feel.'
4. Tell why you feel differently.
5. Give a reason.
6. Listen to the other person.

**#8 Giving Criticism**

1. Look at the person.
2. Stay calm. Use a pleasant voice.
3. Say something positive or 'I understand.'
4. Describe exactly what you are criticizing.
5. Tell why this is a problem.
6. Listen to the person. Be polite.

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**9 Resisting Peer Pressure**

1. Look at the person.
2. Use a calm voice.
3. Say clearly that you do not want to participate.
4. Suggest something else to do.
5. If necessary, continue to say 'No.'
6. Leave the situation.

**10 Making an Apology**

1. Look at the person.
2. Use a serious, sincere voice.
3. Say 'I'm sorry for...' or 'I want to apologize for...'
4. Don't make excuses.
5. Explain how you plan to do better in the future.
6. Say 'Thanks for listening.'

**11 Talking with Others**

1. Look at the person.
2. Use a pleasant voice.
3. Ask questions.
4. Don't interrupt.

**12 Giving Compliments**

1. Look at the person.
2. Smile.
3. Speak clearly and enthusiastically.
4. Tell the person exactly what you like.

**#13 Accepting Compliments**

1. Look at the person.
2. Use a pleasant voice.
3. Say 'Thank you.'
4. Don't look away, mumble, or deny the compliment.
5. Do not disagree with the compliment.

**#14 Volunteering**

1. Look at the person.
2. Use a pleasant, enthusiastic voice.
3. Ask if you can help. Describe the activity or task you are offering to do.
4. Thank the person.
5. Check back when you have finished.

**#15 Reporting Other Youths' Behavior**

1. Look at the teacher or adult.
2. Use a calm voice. Ask to talk to him or her privately.
3. Describe the inappropriate behavior you are reporting.
4. Explain why you are making the report.
5. Answer any questions the adult has.
6. Thank the adult for listening.

**#16 Introducing Yourself**

1. Look at the person. Smile.
2. Use a pleasant voice.
3. Offer a greeting. Say 'Hi, my name is...'
4. Shake the person's hand.
5. When you leave, say 'It was nice to meet you.'

### APPENDIX 3

#### BEHAVIORS TO BE OBSERVED

TEACHER: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please count the number of times your student displays the various types of behaviors on each given day.

Thank You!

#### DAYS OF THE WEEK

BEHAVIORS \_\_\_\_\_

MON.    TUES.    WED.    THURS.    FRI.

\_\_\_\_\_  
FIGHTING

\_\_\_\_\_  
HITTING

\_\_\_\_\_  
KICKING

\_\_\_\_\_  
C'URSING

\_\_\_\_\_  
DISOBEYING RULES  
(CALLING OUT,  
NOT USING BOYSTOWN,  
BREAKING CLASS ROOM  
RULES, etc.)



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